

FILE COPY

STATE OF WISCONSIN
BEFORE THE DEPARTMENT OF REGULATION AND LICENSING

| | | |
|----------------------------------|---|----------------------------|
| IN THE MATTER OF THE APPLICATION | : | |
| FOR A PRIVATE SECURITY PERMIT | : | |
| | : | NOTICE OF DENIAL |
| | : | OF APPLICANT'S |
| MILLARD D. ELLIS, | : | REQUEST FOR HEARING |
| APPLICANT | : | AND ORDER |
| | : | 97 RSG 010 |
| | : | LS 9801132 RSG |

TO: Millard D. Ellis
732 1/2 Rose St.
La Crosse, WI 54603

PLEASE TAKE NOTICE THAT the applicant's request for a hearing on the Department of Regulation and Licensing's (hereinafter "Department") November 12, 1997, Notice of Denial of application for a Private Security Permit in the state of Wisconsin is DENIED.

Based upon the record in this matter, the Department makes the following:

FINDINGS OF FACT

1. On or about November 4, 1997, Millard D. Ellis submitted an application for a Private Security Permit. A true and correct copy of Mr. Ellis' application file is attached to this document as Exhibit A. Exhibit A is incorporated by reference into this document.
2. In Mr. Ellis' original application materials, he indicated "Yes" in response to the following question:

Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252.
3. Subsequent investigation revealed that the applicant was convicted of failure to support, a felony, on July 29, 1996.
4. On or about November 12, 1997, The Department of Regulation and Licensing denied Mr. Ellis' application for licensure based on its determination that Mr. Ellis had been convicted of a felony.
5. The findings set forth above are not contested in the applicant's November 26, 1997, request for hearing.

6. The applicant's November 26, 1997, request for hearing does not contain an allegation of any error of fact or of law for his claim that the denial of his application should be overturned.

CONCLUSIONS OF LAW

1. Based upon the application record and applicant's request for hearing, there exists no issue of material fact¹ upon which a hearing is warranted.
2. Applicant's request for hearing does not contain the elements required by administrative code to mandate the grant of a hearing in this matter.ⁱⁱ
3. The applicant's criminal record, which includes a felony conviction, constitutes a bar to the issuance of a security guard permit under section 440.26(5m)(2) of the Wisconsin statutes.ⁱⁱⁱ

ORDER

1. Based upon the record in these proceedings, it is ordered that the applicant's request for hearing is **DENIED**, and no hearing shall be scheduled.
2. The application of Millard D. Ellis for a Private Security Permit is **DENIED**.
3. This document constitutes the Department's Final Decision and Order in this matter.

Dated this 13th day of January, 1998.

DEPARTMENT OF REGULATION AND LICENSING


On Behalf of the Department

¹ Sec. 227.42, Stats., provides:

Right to hearing. (1) In addition to any other right provided by law, any person filing a written request with an agency for hearing shall have the right to a hearing which shall be treated as a contested case if:

- (a) A substantial interest of the person is injured in fact or threatened with injury by agency action or inaction;

(b) There is no evidence of legislative intent that the interest is not to be protected;

(c) The injury to the person requesting a hearing is different in kind or degree from injury to the general public caused by the agency action or inaction; and

(d) There is a dispute of material fact.

ⁱⁱ Wis. Admin. Code § RL 1.07 provides in pertinent part:

Request for Hearing. . . . The request [for hearing] shall . . . set forth all of the following:

. . . .

(3) A specific description of the mistake in fact or law which constitutes reasonable grounds for reversing the decision to deny the application for a credential. If the applicant asserts that a mistake in fact was made, the request shall include a concise statement of the essential facts which the applicant intends to prove at the hearing. If the applicant asserts a mistake in law was made, the request shall include a statement of the law upon which the applicant relies.

Wis. Admin. Code § RL 1.08(1) provides in pertinent part:

A request shall be granted if requirements in s. RL 1.07 are met

ⁱⁱⁱ Sec. 440.26(5m), Stats. , provides in pertinent part:

Private security permit. (a) The department shall issue a private security permit to an individual if all of the following apply: . . . 2. The individual has not been convicted in this state or elsewhere of a felony, unless he or she has been pardoned for that felony.

**EXHIBIT A
INDEX**

| <u>PAGE(S)</u> | <u>DOCUMENT</u> |
|-----------------------|--|
| 1-3 | Application for Private Security Permit, dated 7-14-97 |
| 4-5 | Fingerprint card |
| 6 | Note from applicant re: conviction record |
| 7-9 | Crime Information Bureau Record Check print-out re: Millard D. Ellis |
| 10-12 | Notice of Denial, dated 11-12-97 |
| 13 | Affidavit of Mailing, dated 11-12-97 |
| 14 | Return Receipt for Certified Mail re: Notice of Denial |
| 15 | Request for Hearing, dated 11-26-97 |



Department of Regulation & Licensing

Wisconsin

Requested below is required
this application.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-0829

TTY# (608) 267-2416
TRS# 1-800-947-3529

hearing or speech
impaired only

*need
2.00
called*

BUREAU OF DIRECT LICENSING AND REAL ESTATE APPLICATION FOR PRIVATE SECURITY PERMIT

TYPE OR PRINT IN INK

SECTION A: TYPE OF APPLICANT. Check one of the boxes below.

- ☐ I hold a current private security permit from the following Wisconsin law enforcement agency or agencies (please attach a photocopy of at least one permit, if you have one.) _____
- ☒ I do not hold a current private security permit from a Wisconsin law enforcement agency. I have enclosed a check or money order made payable to the Department of Regulation and Licensing for \$68 which is the sum of a \$39 registration fee and a \$29 criminal records search. I have also enclosed a properly completed CIB and FBI fingerprint card and a recent photograph of head and shoulders only.

SECTION B: TO BE COMPLETED BY APPLICANT.

Enter Your Last Name, First
Name, and Middle Initial

Ellis, Millard, D

Enter the Address At
Which You Reside.

732 1/2

Rose

Number

Street

PO Box

(A P.O. Box alone is not
sufficient for licensing.)

La Crosse

WI

54603

City

State

Zip Code

IDENTIFICATION INFORMATION, RELATING TO FINGERPRINT CARDS

| Height | Weight | Eye Color | Hair Color | Sex | Ethnic Origin (Voluntary) |
|------------|------------|-----------|------------|----------|---------------------------|
| <u>6'2</u> | <u>185</u> | <u>BR</u> | <u>BLK</u> | <u>M</u> | <u>BLK</u> |

Date of Birth

06

15

71

Month

Day

Year

Daytime Telephone
Number

(608) 782-0778

For Receipting Use Only

| Board Office Use Only | |
|--------------------------------------|---------------------------------|
| Registration Type <u>108</u> | Permit Number |
| Date Granted <u>9/11/98</u> | Date Expires <u>11/11/97</u> |
| CIB Name Check Sent: <u>11/11/97</u> | |
| CIB FP Card Sent: <u>11/11/97</u> | |
| FBI FP Card Sent: <u>11/11/97</u> | |

TRANSACTION #176

39 \$3108 3108 7000 SECR GRD 39.00
29 CIB FEE 29.00
TAX .00
TOTAL 68.00

L1 C4 10:17 04/NOV/97 M1 1-71 76

#2271 (3/97)

Ch. 440.26, Stats.

Committed to Equal Opportunity in Employment and Licensing

Page 1 of 3

①

State of Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

And if in another name, what name? _____

☐ YES I have enclosed a recent photograph of head and shoulders only.

APPLICANT MUST SIGN

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that omissions, misleading, false or forged statements made in connection with this application may be grounds for revocation of my permit or other disciplinary action. I also understand that if I am issued a permit, I may be disciplined for failure to comply with the Wisconsin statutes and rules of the Department of Regulation and Licensing.

Michael Ellis
Signature of Applicant

10/21/97
Date

State of Wisconsin Department of Regulation & Licensing

SECTION C: TO BE COMPLETED BY AGENCY EMPLOYER

Enter Name of Employing Agency Exactly As It Appears on the Agency's License.

Advanced Private Investigations, Inc.

Enter the Employing Agency's License Number As It Appears on the Agency's License.

Enter the Business Address of the Employing Agency's Main Office.

| | | |
|-----------|--------------|----------|
| 926 | La Crosse St | 3024 |
| Number | Street | PO Box |
| La Crosse | WI | 54602 |
| City | State | Zip Code |

Enter the Main Office Telephone Number.

(608) 785-2744

SIGNATURE OF AGENCY EMPLOYER

THE FOLLOWING STATEMENT MUST BE SIGNED BY ONE OF THE FOLLOWING REPRESENTATIVES OF A LICENSED DETECTIVE AGENCY WHO HAS THE AUTHORITY TO SIGN ON BEHALF OF THE AGENCY:

- SOLE PROPRIETOR OWNER
- OFFICER OF A CORPORATION
- PARTNER OF A PARTNERSHIP
- MEMBER OF A LIMITED LIABILITY COMPANY
- MANAGER OR SUPERVISOR

This is to certify that the agency identified in SECTION C above will assume responsibility for the security guard applicant pursuant to the Department rules and will notify the Department of any change in employment within 5 days after the change. To my knowledge all statements on this application are complete, true and correct.



Signature of Agency Sole Proprietor, Officer, Partner, Member, Manager or Supervisor

10/27/97
Date

Mark J. Roubik

Print or Type Name of Person Signing Above.

LEAVE BLANK

LEAVE BLANK

PCN



000005090444

LEAVE BLANK

LOCAL IDENTIFICATION NO.

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Ellis, Millard, Darnell

SIGNATURE OF PERSON FINGERPRINTED

Millard Ellis

SOCIAL SECURITY NO.

397-78-3710

LEAVE BLANK

SEX/MAIDEN

NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Ellis, Millard, Darnell

| NO. | STATE IDENTIFICATION NO. | DATE OF BIRTH MM DD YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
|-----|--------------------------|------------------------|-----|------|--------|--------|------|------|
| | | 6 15 71 | M | BLK | 6'2 | 175 | BR | BLK |



THUMB



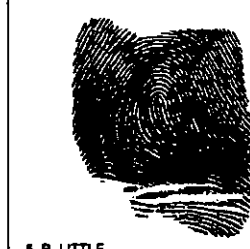
2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE



FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB

R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

4

WISCONSIN DEPARTMENT OF JUSTICE

CRIME INFORMATION BUREAU

P.O. BOX 2718, MADISON, WI 53701-2718

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

| | | | | | | |
|---|--|---|--|-------|-------|------------------|
| JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> | DATE OF ARREST MM DD YY | ORI CONTRIBUTOR WI013015Z DEPT OF REG & LIC MADISON, WI | CONTRIBUTOR OCA NO. | | | |
| TREAT AS ADULT YES <input type="checkbox"/> | | | | | | |
| ARREST TRACKING NO. | DATE OF OFFENSE MM DD YY | PLACE OF BIRTH (STATE OR COUNTRY) | COUNTRY OF CITIZENSHIP | | | |
| MISCELLANEOUS NUMBERS | SCARS, MARKS, TATTOOS, AND AMPUTATIONS | | | | | |
| | RESIDENCE/COMPLETE ADDRESS | | CITY | STATE | | |
| OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) | ORI ARRESTING AGENCY | ARRESTING AGENCY OCA NO. | PHOTO AVAILABLE? YES <input type="checkbox"/> | | | |
| | | | PALM PRINTS TAKEN? YES <input type="checkbox"/> | | | |
| EMPLOYER: IF U.S. GOVERNMENT INDICATE SPECIFIC AGENCY IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO. | | OCCUPATION | | | | |
| CHARGE/CITATION LITERAL, STATUTE NO. OR ORDINANCE 1 | NCIC CODE | COUNTS | FELONY | MISD | NON-C | DISPOSITION 1 |
| 2. | NCIC CODE | COUNTS | FELONY | MISD | NON-C | 2. |
| 3. | NCIC CODE | COUNTS | FELONY | MISD | NON-C | 3. |
| ADDITIONAL | NCIC CODE | COUNTS | FELONY | MISD | NON-C | ADDITIONAL |
| ADDITIONAL INFORMATION/BASIS FOR CAUTION | | | | | | LEAVE BLANK |

I was convicted
of Non-Support

in the

Summer
of

last

year

William H.

LARSON

"The Storm Door Company"

LITERAL: CRIMINAL DAMAGE
CITATION: 943.01
NCIC CODE: 2999
DISPOSITION CONTRIBUTOR
LACROSSE CO CIRCUIT COURT

NATURE:MISDEMEANOR

CHARGE#: 2 TRANSACTION TYPE: ADULT ARREST
LITERAL: DISORDERLY CONDUCT
CITATION: 947.01

COUNTS: 1

NCIC CODE: 5311

NATURE:MISDEMEANOR

DISPOSITION:05/10/93 COUNTS: 1
NO PROSECUTION
LITERAL: DISORDERLY CONDUCT
CITATION: 947 .01
NCIC CODE: 5311
DISPOSITION CONTRIBUTOR
LACROSSE CO CIRCUIT COURT

NATURE:MISDEMEANOR

/0072 5981 WI013015Z
CHRI 22712 10 11/12/97 07:52 04 OF 05

ARREST # DATE CONTRIBUTOR
2 05/02/96 SHEBOYGAN CO SHF

ORI
WI0600000

CASE # ARRESTING AGENCY
23762 SHEBOYGAN CO SHF

ORI
WI0600000

NAME USED
ELLIS/MILLARD/DARNELL

DATE OF BIRTH USED
06/15/71

PHOTO: LOCAL/CIB
YES NO

CHARGE#: 1 TRANSACTION TYPE: ADULT ARREST
LITERAL: FAILURE TO SUPPORT
CITATION: 948.22(2)

COUNTS: 1

NCIC CODE: 3899

NATURE:FELONY

DISPOSITION:07/29/96 COUNTS: 1
CONVICTED
LITERAL: FAILURE TO SUPPORT

/0072 5981 WI013015Z
CHRI 22712 10 11/12/97 07:52 05 OF 05

CITATION: 948.22(2)
NCIC CODE: 3899
SENTENCE : 03 YRS PROBATION TO DEPARTMENT OF CORRECTIONS
60 DAYS JAIL
FINED

NATURE:FELONY

DISPOSITION CONTRIBUTOR
SHEBOYGAN CO CIRCUIT COURT BRANCH 5

COURT DOCKET #:95CF334

AUTH, DIRECTOR, CIB, MADISON, WI

(7)

/0072 STATE IDENT #-WISCONSIN RECORD, FROM ORI WI013015Z, AT STATION 5981

STATE IDENT #/WI401543
ATTENTION/MALY

/9998 5981 WI013015Z
TIME 22712 9 11/12/97 07:52 01 OF 01
CIB
FIELD EDIT SUCCESSFUL
WI401543

/0072 5981 WI013015Z
CHRI 22712 10 11/12/97 07:52 01 OF 05

RE: STATEIDNO: WI00401543
PURPOSE CODE: E

ATTENTION: MALY
PAGE 001

RECORD RELEASE DATE 11/12/97

THIS IDENTIFICATION RECORD SUMMARIZES INFORMATION SENT TO CIB BY FINGERPRINT CONTRIBUTORS IN WISCONSIN. IF FURTHER INFORMATION ON A CHARGE OR DISPOSITION IS DESIRED, CONTACT THE AGENCY THAT FURNISHED THE INFORMATION. IF FINGERPRINTS DID NOT ACCOMPANY YOUR REQUEST, THE CIB CANNOT GUARANTEE THIS RECORD RELATES TO THE PERSON IN WHOM YOU HAVE AN INTEREST. THE USE AND DISSEMINATION OF THIS RECORD IS REGULATED BY STATE LAW.

*** FELONY OFFENDER ***

WISCONSIN STATE IDENTIFICATION NUMBER WI 401543
NAME: ELLIS/MILLARD/D SEX: M RACE: B DATE OF BIRTH: 06/15/71

/0072 5981 WI013015Z
CHRI 22712 10 11/12/97 07:52 02 OF 05

FINGERPRINT CLASSIFICATION: P01207P012DI09111613

| ARREST # | DATE | CONTRIBUTOR | ORI |
|----------|----------|-----------------|-----------|
| 1 | 04/21/93 | LACROSSE CO SHF | WI0320000 |

| CASE # | ARRESTING AGENCY | ORI |
|---------|------------------|-----------|
| 1077-93 | LACROSSE PD | WI0320100 |

| NAME USED | DATE OF BIRTH USED | PHOTO: LOCAL/CIB |
|-----------------|--------------------|------------------|
| ELLIS/MILLARD/D | 06/15/71 | YES NO |

| CHARGE#: | 1 | TRANSACTION TYPE: ADULT ARREST | COUNTS: 1 |
|-----------|-----------------|--------------------------------|-----------|
| LITERAL: | CRIMINAL DAMAGE | | |
| CITATION: | 943.01 | | |

NCIC CODE: 2999 NATURE: MISDEMEANOR

DISPOSITION: 05/10/93 COUNTS: 1
NO PROSECUTION

/0003 WISCONSIN CHRI-NAME, SEX/RACE, DOB, FROM ORI WI013015Z, AT STATION 5981

NAME/ELLIS,MILLARD,D
SEX/M RACE/U DATE OF BIRTH/06151971
ATTENTION/MALY
SOCIAL SECURITY #/397783710

/9998 5981 WI013015Z
TIME 23268 54 11/11/97 15:50 01 OF 01
CIB
FIELD EDIT SUCCESSFUL
ELLIS/MILLARD/D
397783710
06151971

/0003 5981 WI013015Z
CHRI 23268 55 11/11/97 15:51 01 OF 02

RE: NAME: ELLIS/MILLARD/D
SEX: M
RACE: U
DATE-OF-BIRTH: 06/15/71
SOC-SEC-NO: 397783710
PURPOSE CODE: E

ATTENTION: MALY

*** FELONY OFFENDER ***

| NAME | STATE ID NO. | FBI ID NO. | REPORT DATE |
|--|--------------|------------|-------------|
| ELLIS/MILLARD/D | WI 401543 | | 11/11/97 |
| SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR SKIN BIRTH PLACE | | | |
| M B 06/15/71 6- 1 180 BRO BLK BLK WISCONSIN | | | |

LAST KNOWN ADDRESS
732 1/1 ROSE ST #1, LA CROSSE, WI

| SOCIAL SEC | FINGERPRINT CLASS | SCARS-MARKS-TATTOOS |
|-------------|----------------------|----------------------|
| 397-78-3410 | PD1207PD12DI09111613 | SC UR ARM TAT UR ARM |

| NAMES USED | DOBS | MISC NUMBERS |
|------------|------|--------------|
|------------|------|--------------|

/0003 5981 WI013015Z
CHRI 23268 55 11/11/97 15:51 02 OF 02

ELLIS/MILLARD/D 06/15/71
ELLIS/MILLARD/DARNELL

RECORD LAST UPDATED 10/30/96

***** AUTOMATED RECORD-FQ PROVIDES ONLINE RESPONSE *****

9



State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G. Thompson
Governor

Mariene A. Cummings
Secretary

1400 E. WASHINGTON AVENUE
P O. BOX 8935
MADISON, WISCONSIN 53708-8935
(608) 266-2112

November 12, 1997

MILLARD D ELLIS
732 1/2 ROSE
LACROSSE WI 54603

Re: APPLICATION FOR PRIVATE SECURITY PERMIT
NOTICE OF DENIAL

Dear Mr. Ellis:

PLEASE TAKE NOTICE that the State of Wisconsin, Department of Regulation and Licensing (department), has reviewed your application for a private security permit and denies the application for the following reasons:

A. Reasons for Denial:

1. The application for a private security permit requires that you answer question "A" under "STATEMENT OF ARREST OR CONVICTION" on the application form which states:
 - A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252.
2. Your response to question "A" was to check the box marked "YES". You indicated you were convicted of non-support in the summer of last year, however, you did not complete and attach Form #2252 as required.
3. A search of the records of the Crime Information Bureau (CIB) in the Department of Justice indicates that you were convicted of a felony on July 29, 1996 of failure to support, sentenced to 60 days jail and 3 years probation (Case #95CF334).
4. Documentation on file establishes that you have been convicted of a felony for which you have not been pardoned, therefore, you do not qualify for a private security permit.

Regulatory Boards

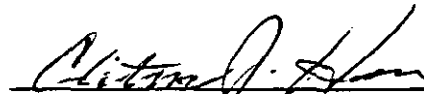
Accounting; Architects; Landscape Architects; Professional Geologists; Professional Engineers; Auctioneer; Barbering and Cosmetology; Chiropractic; Dentistry; Dietitians; Funeral Directors; Hearing and Speech; Medical; Nursing; Nursing Home Administrator; Optometry; Pharmacy; Physical Therapists; Psychology; Real Estate; Real Estate Appraisers; Social Workers; Marriage and Family Therapists and Professional Counselors; and Veterinary.

B. The legal basis for this decision is:

1. Section 440.26(5m)(a)2, Stats., states:

(5m) Private security permit. (a) The department shall issue a private security permit to an individual if all of the following apply:

2. The individual has not been convicted in this state or elsewhere of a felony, unless he or she has been pardoned for that felony.


CLETUS J. HANSEN, DIVISION ADMINISTRATOR
DIVISION OF BUSINESS LICENSURE AND REGULATION

NOTICE OF RIGHT TO HEARING ON CREDENTIAL DENIAL

PLEASE NOTE that you have a right to a hearing on the denial of your application if you file a request for hearing in accordance with the provisions of Ch. RL 1 of the Wisconsin Administrative Code. You may request a hearing within 45 calendar days after the mailing of this notice of denial. Your request must be submitted in writing to the:

Department of Regulation and Licensing
Bureau of Direct Licensing and Real Estate
1400 East Washington Avenue
PO Box 8935
Madison, WI 53708-8935

The request must contain your name and address, the type of credential for which you have applied, a specific description of the mistake in fact or law that you assert was made in the denial of your credential, and a concise statement of the essential facts which you intend to prove at the hearing. You will be notified in writing of the department's decision. Under s. RL 1.08 of the Wisconsin Administrative Code, a request for a hearing is denied if a response to a request for a hearing is not issued within 45 days of its receipt by the department. Time periods for a petition for review begin to run 45 days after the department has received a request for a hearing and has not responded.

NOTICE OF RIGHT TO WITHDRAW REQUEST FOR HEARING

A request for hearing may be withdrawn at any time. Upon the filing of a request for withdrawal, the credentialing authority shall issue an order affirming the withdrawal of a request

for hearing on the denial. Such a withdrawal shall be with prejudice unless otherwise expressly stated in the order.

If you have any questions concerning this matter, contact Marlene Maly at 608-266-5511 Ext. 32.

CERTIFIED MAIL: RETURN RECEIPT REQUESTED

g:Maly\sg\denial.doc

STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING

In The Matter Of The Application For A :
Private Security Permit For :
MILLARD D. ELLIS, :
Applicant :

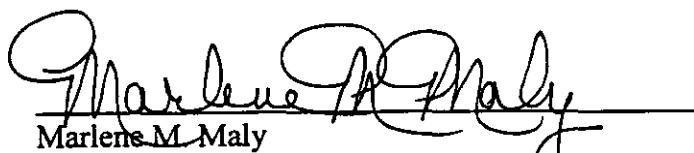
AFFIDAVIT OF MAILING

STATE OF WISCONSIN)
)
COUNTY OF DANE)

I, Marlene M. Maly, having been duly sworn on oath, state the following to be true and correct based on my personal knowledge:

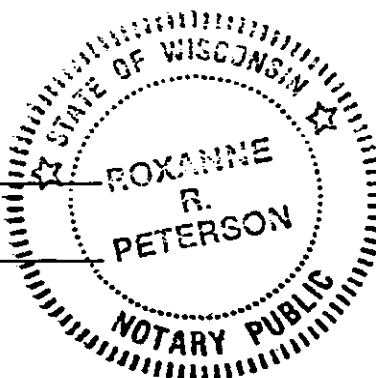
1. I am employed by the Wisconsin Department of Regulation and Licensing.
2. On November 12, 1997 I served the annexed Notice of Denial upon the applicant by enclosing a true and accurate copy of the above-described document in an envelope properly stamped and addressed to the above-named applicant and placing the envelope in the State of Wisconsin mail system to be mailed by the United States Post Office by first class, certified mail. The certified mail receipt number on the envelope is Z 429 751 328.
3. The address used for mailing the Decision is the address that appears in the records of the Department as the applicant's last-known address and is:

732 1/2 ROSE
LACROSSE WI 54603


Marlene M. Maly
Department of Regulation and Licensing

Subscribed and sworn to before me
this 12th day of November, 1997.

Roxanne R Peterson
Notary Public, State of Wisconsin
My Commission Expires 2/7/99



Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 (for additional services).
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

MILLARD D ELLIS
732 1/2 ROSE
LACROSSE WI 54603

4a. Article Number
Z 429 751 328

SG

- 4b. Service Type**
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
11-18-97

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Millard D Ellis

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 429 751 328



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

| | |
|---|----|
| Sent to MILLARD D ELLIS | |
| Street and No. | |
| P O, State and ZIP Code | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, March 1993

Department of Regulation and Licensing
Bureau of Direct Licensing and Real Estate
1400 East Washington Avenue
PO Box 8935
Madison, WI 53708-8935

November 26, 1997

To Whom It May Concern,

I am writing in regards to the denial of a private security permit.

It is true that I have a class E felony that was charged to me on July 29, 1996. This was a charge of non-support. This felony that was charged to me is in no way aggressive and does not affect my current position at Menard's through API Securities.

The position that I hold at this time is used to pay my past child support payments. Being released of this position will only complicate those matters further. I just want to take care of my children as they are my responsibilities.

Also it was stated that I did not complete for #2252. This form was not made available to me at the time that I completed the application. I would be more than happy to complete this form.

Please look favorably on this request for an appeal.

Sincerely,



Millard D. Ellis

STATE OF WISCONSIN
BEFORE THE DEPARTMENT OF REGULATION AND LICENSING

In the Matter of the Application for a Private Security Permit

Millard D. Ellis,

AFFIDAVIT OF MAILING

Applicant.

STATE OF WISCONSIN)
)
COUNTY OF DANE)


I, Kate Rotenberg, having been duly sworn on oath, state the following to be true and correct based on my personal knowledge:

1. I am employed by the Wisconsin Department of Regulation and Licensing.

2. On January 15, 1998, I served the Notice of Denial of Applicant's Request for Hearing and Order dated January 13, 1998, LS9801132RSG, upon the Applicant Millard D. Ellis by enclosing a true and accurate copy of the above-described document in an envelope properly stamped and addressed to the above-named Applicant and placing the envelope in the State of Wisconsin mail system to be mailed by the United States Post Office by certified mail. The certified mail receipt number on the envelope is P 221 157 706.

3. The address used for mailing the Decision is the address that appears in the records of the Department as the Applicant's last-known address and is:

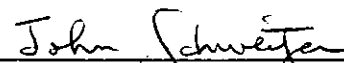
Millard D. Ellis
732 1/2 Rose Street
La Crosse WI 54603



Kate Rotenberg
Department of Regulation and Licensing
Office of Legal Counsel

Subscribed and sworn to before me

this 15th day of January, 1998.



Notary Public, State of Wisconsin
My commission is permanent.

NOTICE OF RIGHTS OF APPEAL

TO: MILLARD D ELLIS

You have been issued a Final Decision and Order. For purposes of service the date of mailing of this Final Decision and Order is 1/15/98. Your rights to request a rehearing and/or judicial review are summarized below and set forth fully in the statutes reprinted on the reverse side.

A. REHEARING.

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in section 227.49 of the Wisconsin Statutes. The 20 day period commences on the day of personal service or the date of mailing of this decision. The date of mailing of this Final Decision is shown above.

A petition for rehearing should name as respondent and be filed with the party identified below.

A petition for rehearing shall specify in detail the grounds for relief sought and supporting authorities. Rehearing will be granted only on the basis of some material error of law, material error of fact, or new evidence sufficiently strong to reverse or modify the Order which could not have been previously discovered by due diligence. The agency may order a rehearing or enter an order disposing of the petition without a hearing. If the agency does not enter an order disposing of the petition within 30 days of the filing of the petition, the petition shall be deemed to have been denied at the end of the 30 day period.

A petition for rehearing is not a prerequisite for judicial review.

B. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in section 227.53, Wisconsin Statutes (copy on reverse side). The petition for judicial review must be filed in circuit court where the petitioner resides, except if the petitioner is a non-resident of the state, the proceedings shall be in the circuit court for Dane County. The petition should name as the respondent the Department, Board, Examining Board, or Affiliated Credentialing Board which issued the Final Decision and Order. A copy of the petition for judicial review must also be served upon the respondent at the address listed below.

A petition for judicial review must be served personally or by certified mail on the respondent and filed with the court within 30 days after service of the Final Decision and Order if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing. Courts have held that the right to judicial review of administrative agency decisions is dependent upon strict compliance with the requirements of sec. 227.53 (1) (a), Stats. This statute requires, among other things, that a petition for review be served upon the agency and be filed with the clerk of the circuit court within the applicable thirty day period.

The 30 day period for serving and filing a petition for judicial review commences on the day after personal service or mailing of the Final Decision and Order by the agency, or, if a petition for rehearing has been timely filed, the day after personal service or mailing of a final decision or disposition by the agency of the petition for rehearing, or the day after the final disposition by operation of the law of a petition for rehearing. The date of mailing of this Final Decision and Order is shown above.

The petition shall state the nature of the petitioner's interest, the facts showing that the petitioner is a person aggrieved by the decision, and the grounds specified in section 227.57, Wisconsin Statutes, upon which the petitioner contends that the decision should be reversed or modified. The petition shall be entitled in the name of the person serving it as Petitioner and the Respondent as described below.

SERVE PETITION FOR REHEARING OR JUDICIAL REVIEW ON:

STATE OF WISCONSIN DEPARTMENT OF REGULATION AND LICENSING

1400 East Washington Avenue
P.O. Box 8935
Madison WI 53708-8935